

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 21, 1987

ALL-COUNTY LETTER NO. 87-55

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT INFORMATION  
AND PAYROLLING SYSTEM (IHSS/CMIPS) COUNTY SUMMARY  
SCREEN AND INPUT DOCUMENT, SOC 374

REFERENCE: ALL-COUNTY LETTER NO. 86-109

The purpose of this notice is to transmit to counties a revised field-by-field description for the In-Home Supportive Services (IHSS) Program's County Summary (CSUM) Screen and Input Document, SOC 374. This replaces the corresponding sections of the attachment to All-County Letter 86-109.

The changes in the field-by-field description reflect the dates which counties are required to report IHSS program data on the CSUM Screen and SOC 374, and corrects erroneous County Administrative Expense Claim references.

If you have any questions, please contact Mr. William Schimeck, Manager, IHSS/CMIPS Unit at (916) 323-5316.

A handwritten signature in cursive script, reading "Loren D. Suter", is positioned above the typed name.

LOREN D. SUTER  
Deputy Director  
Adult and Family Services

Attachment

cc: CWDA

**SECTION I - COUNTY SUMMARY SCREEN AND INPUT DOCUMENT SOC 374 (8/86)**

1. BRIEF DESCRIPTION
2. COUNTY SUMMARY SCREEN
3. COUNTY SUMMARY INPUT DOCUMENT SOC 374 (8/86)
  - A. FIELD BY FIELD DESCRIPTION
    1. MONTHLY REPORTING
    2. QUARTERLY REPORTING
  - B. CORRECTED SOC 374
4. BATCHING PROCEDURES
  - A. BATCHING OF THE SOC 374 (8/86)
  - B. SENDING THE DOCUMENTS
  - C. VERIFYING CORRECT ENTRY OF DOCUMENTS

**SECTION II - MANAGEMENT STATISTICS SUMMARY**

1. MANAGEMENT STATISTICS SUMMARY REPORT
2. FIELD BY FIELD DESCRIPTION

1. BRIEF DESCRIPTION:

THE COUNTY SUMMARY SCREEN/FORM IS DIVIDED INTO THREE (3) PARTS: THE TOP SECTION OF THE SCREEN IS THE COUNTY'S IHSS ALLOCATION AND EXPENDITURES. THIS PORTION OF THE SCREEN IS FOR DISPLAY ONLY. THE MIDDLE SECTION OF THE SCREEN/FORM IS FOR COUNTY'S DATA ENTRY OF COUNTY CONTRACT AND HOMEMAKER (ESTIMATED MONTHLY EXPENDITURE REPORTING) TOTAL CASES, HOURS, EXPENDITURES, SOC CASES AND AMOUNTS. IT IS ALSO FOR COUNTY'S ESTIMATED MONTHLY COSTS FOR STAFF DEVELOPMENT, EDP AND OTHER COSTS. THE BOTTOM SECTION OF THE SCREEN AND FORM IS FOR COUNTY'S DATA ENTRY OF THEIR ACTUAL QUARTERLY REPORTING OF CONTRACT COSTS, HOMEMAKER/SUPERVISOR TIME STUDY HOURS PAID, AND OTHER COSTS AS REPORTED ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM (CAEC).

PAPER COUNTIES WILL FOLLOW THE BATCHING PROCEDURES AND MAIL ALL DOCUMENTATION TO EDS.

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IHSS/CMIPS COUNTY SUMMARY SCREEN/FORM  
FIELD BY FIELD DESCRIPTION  
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ALLOCATION AND EXPENDITURES (DISPLAY ONLY)  
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INITIAL ALLOCATION:	THE INITIAL ALLOCATION OF IHSS FUNDS MADE AT THE START OF THE FISCAL YEAR. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.
SUPPL. ALLOCATION:	ANY SUPPLEMENT TO, OR REALLOCATION OF IHSS FUNDS MADE DURING THE FISCAL YEAR. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.
TOTAL ALLOCATION:	THE CURRENT ALLOCATION FOR IHSS FUNDS THAT INCLUDES THE INITIAL ALLOCATION AND ALL SUPPLEMENTAL ADJUSTMENTS AND REALLOCATIONS THEREAFTER. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.
CONTRACT EXPENSE:	THE TOTAL FISCAL YEAR EXPENDITURES TO DATE FOR SERVICES PAID IN THE COUNTY THROUGH THE COUNTY CONTRACT MODE, MINUS SHARE OF COST. THIS DATA IS OBTAINED FROM THE INFORMATION ENTERED BY THE COUNTY ON THE MIDDLE SECTION OF THE SCREEN AND IS UPDATED MONTHLY.
HOMEMAKER EXPENSE:	THE TOTAL FISCAL YEAR EXPENDITURES TO DATE FOR SERVICE COSTS CLAIMED BY THE COUNTY FOR THE HOMEMAKER MODE, MINUS SHARE OF COST. THIS DATA IS OBTAINED FROM THE INFORMATION ENTERED BY THE COUNTY ON THE MIDDLE SECTION OF THE SCREEN AND IS UPDATED MONTHLY.

## IP EXPENSE:

THE TOTAL FISCAL YEAR TO DATE EXPENDITURES FOR SERVICES PAID IN THE COUNTY THROUGH THE INDIVIDUAL PROVIDER MODE. THE TOTAL IS COMPUTED BY ADDING THE GROSS PROVIDER WAGES, EMPLOYER TAXES, AND RESTAURANT MEAL ALLOWANCE, MINUS SHARE OF COST. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES AND IS UPDATED AS CHANGES OCCUR.

## OTHER EXPENSES:

THE SUM OF THE EXPENSES SUBMITTED QUARTERLY ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM. IT IS THE SUM OF EDP, STAFF DEVELOPMENT, AND OTHER COSTS ATTRIBUTED TO THE PROGRAM.

## TOTAL PROGRAM EXPENSE:

TOTAL IP MODE EXPENSE, EMPLOYER TAXES AND CC AND HM EXPENSES THROUGH FISCAL YEAR-TO-DATE.

## BALANCE REMAINING:

THE BALANCE OF THE INITIAL ALLOCATION AND SUPPLEMENTAL ALLOCATION AFTER ALL SERVICE MODE EXPENDITURES HAVE BEEN DEDUCTED.

## FUNDS ADVANCED:

THE TOTAL FUNDS ADVANCED THE COUNTY TO DATE TO PAY FOR CONTRACT, COUNTY HOMEMAKER SERVICES AND OTHER COSTS.

## TOTAL EMP TAXES:

THE SUM OF FICA, SUI, AND FUTA EMPLOYER CONTRIBUTIONS TO DATE FOR SERVICES IN THE IP MODE.

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COUNTY INPUT/MONTHLY REPORTING FOR  
COUNTY CONTRACT, HOMEMAKER AND OTHER COSTS  
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NOTE: THIS INFORMATION MUST BE REPORTED IN THE CMIPS BY THE TENTH DAY OF EACH MONTH. ALL DATA MUST BE ROUNDED TO THE NEAREST DOLLAR AND/OR WHOLE HOUR.

THE CUMULATIVE QUARTERLY TOTALS WILL BE DISPLAYED DURING THE QUARTER. MONTHLY ESTIMATES OF HOMEMAKER (HM) EXPENDITURES WILL BE UPDATED AUTOMATICALLY BY THE INFORMATION SUBMITTED QUARTERLY. EXPENDITURES WILL BE PRORATED TO THE MONTHS IN THE QUARTER ACCORDING TO THE PROPORTION OF IHSS SERVICE HOURS REPORTED FOR EACH MONTH. FOR THOSE COUNTIES REPORTING EXPENDITURES BUT NOT REPORTING HOMEMAKER SERVICE HOURS, THE EXPENDITURES WILL BE PRORATED TO THE MONTHS IN THE QUARTER ACCORDING TO THE PROPORTION OF IP MODE AUTHORIZED CASES FOR EACH MONTH IN THE QUARTER.

FIELD A1 - COUNTY CODE - REQUIRED

LENGTH: 2

DESCRIPTION: COUNTY CODE - A TWO DIGIT NUMBER IDENTIFYING A SPECIFIC COUNTY.

FIELD B1 - FOR MONTH/YEAR - REQUIRED

LENGTH: 4

DESCRIPTION: FOR MONTH/YEAR - THE REPORT MONTH/YEAR FOR WHICH THE DATA BEING ENTERED REFERS.

FIELD B2 - MODE - REQUIRED

LENGTH: 2

DESCRIPTION: MODE - THE MODE OF SERVICE FOR WHICH THIS DATA IS BEING REPORTED. I.E., 'CC' FOR COUNTY CONTRACT, 'HM' FOR COUNTY HOMEMAKER OR 'IP' FOR INDIVIDUAL PROVIDER.

FIELD B3 - DATE - SYSTEM GENERATED

LENGTH: 6

DESCRIPTION: DATE - THE DAY, MONTH AND YEAR THAT THE DATA IS BEING ENTERED ON THIS SCREEN.

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FIELD C1 - SI - DISPLAY

DESCRIPTION: SI - SEVERELY IMPAIRED - THE ABBREVIATION FOR RECIPIENTS  
THAT ARE CLASSIFIED AS BEING SEVERELY IMPAIRED.

FIELD C2 - SI TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: SI TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED  
CASES FOR WHICH SERVICE HOURS WERE PAID  
DURING THE REPORT MONTH. THESE CASES  
MUST BE IDENTIFIED AND REPORTED.

FIELD C3 - SI TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: SI TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE  
HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THESE  
HOURS MUST BE IDENTIFIED AND REPORTED.  
THIS NUMBER INCLUDES PAYMENT ADJUSTMENTS  
FROM PRIOR MONTHS. COUNTIES WILL PROVIDE  
THIS INFORMATION ON THIS FORM/SCREEN  
FROM THEIR RECORDS.

FIELD C4 - SI EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: SI EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS  
PAID IN THE REPORT MONTH, REGARDLESS OF  
THE SERVICE. THESE EXPENDITURES ARE LESS  
THE SHARE OF COST COLLECTED.

FIELD D1 - NSI - DISPLAY

DESCRIPTION: NSI - NON-SEVERELY IMPAIRED - THE ABBREVIATION FOR RECIPIENTS  
THAT ARE CLASSIFIED AS BEING NON-SEVERELY  
IMPAIRED.

FIELD D2 - NSI TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: NSI TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED  
CASES FOR WHICH SERVICE HOURS WERE PAID  
DURING THE REPORT MONTH. THESE CASES  
MUST BE IDENTIFIED AND REPORTED.

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FIELD D3 - NSI TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: NSI TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH.

FIELD D4 - NSI EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: NSI EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE SERVICE. THESE EXPENDITURES ARE LESS THE SHARE OF COST COLLECTED.

FIELD E1 - TOTAL- DISPLAY

DESCRIPTION: TOTAL - TOTAL OF THE SI AND NSI RECIPIENTS.

FIELD E2 - TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED CASES FOR WHICH SERVICE HOURS WERE PAID DURING THE REPORT MONTH. COUNTIES WILL PROVIDE THIS INFORMATION FROM THEIR RECORDS.

FIELD E3 - TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THIS NUMBER INCLUDES PAYMENT ADJUSTMENTS FROM PRIOR MONTHS. COUNTIES WILL PROVIDE THIS INFORMATION FROM THEIR RECORDS.

FIELD E4 - TOTAL EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: TOTAL EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE PERIOD OF SERVICE. THESE EXPENDITURES INCLUDE THE NET SHARE OF COST COLLECTED.



FIELD E5 - TOTAL-SOC - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL-SOC - THE TOTAL NUMBER OF CC OR HM RECIPIENTS WHO PAID A SHARE OF COST DURING THE REPORT MONTH TO THE COUNTY OR CONTRACTOR. SHARE OF COST IS REPORTED BY THE MAJOR MODE OF SERVICE DELIVERY WHEN THERE IS MORE THAN ONE SERVICE DELIVERY MODE AND THAT MODE IS HM OR CC. WHEN THE SOC IS COLLECTED BY THE COUNTY FOR CASES IN THE IP MODE, THIS FIELD WILL BE COMPLETED BY THAT COUNTY FOR THOSE CASES.

FIELD E6 - TOTAL SOC-AMOUNT - OPTIONAL

LENGTH: 11

DESCRIPTION: TOTAL SOC AMOUNT - THE TOTAL AMOUNT OF MONEY COLLECTED FROM OR PAID BY RECIPIENTS AS A SHARE OF COST DURING THE REPORT MONTH TO THE COUNTY OR CONTRACTOR. SHARE OF COST IS REPORTED IN THE SAME MANNER AS IN FIELD E5.

FIELD F1 - REFUGEE - DISPLAY

DESCRIPTION: REFUGEE - RECIPIENTS THAT ARE CLASSIFIED AS REFUGEES IN FIELD F2 OF THE SOC 293.

FIELD F2 - REFUGEE TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: REFUGEE TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED CASES FOR WHICH SERVICE HOURS WERE PAID DURING THE REPORT MONTH.

FIELD F3 - REFUGEE TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: REFUGEE TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THESE HOURS MUST BE IDENTIFIED AND REPORTED BY CLASSIFICATION OF IMPAIRMENT AND REFUGEE STATUS. THIS NUMBER INCLUDES PAYMENT ADJUSTMENTS FROM PRIOR MONTHS.

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FIELD F4 - REFUGEE EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: REFUGEE EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE SERVICE. THESE EXPENDITURES ARE LESS THE SHARE OF COST COLLECTED.

FIELDS G1 THRU K4 - SAME AS FIELDS B1 THRU F4.

FIELD L1 - ESTIMATED MONTHLY COSTS (ALL MODES) - DISPLAY

DESCRIPTION: ESTIMATED MONTHLY COSTS - ALL COUNTIES, REGARDLESS OF SERVICE MODE, WILL PROVIDE MONTHLY ESTIMATES OF EXPENSES THAT WILL BE SUBMITTED QUARTERLY ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM.

FIELD L2 - STAFF DEVELOPMENT - OPTIONAL

LENGTH: 9

DESCRIPTION: STAFF DEVELOPMENT - THE ESTIMATED MONTHLY COST OF STAFF DEVELOPMENT SERVICES ATTRIBUTED TO IHSS.

FIELD L3 - EDP - OPTIONAL

LENGTH: 9

DESCRIPTION: EDP - THE ESTIMATED MONTHLY COST OF EDP ATTRIBUTED TO IHSS.

FIELD L4 - OTHER - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER - AN ESTIMATE OF ANY OTHER EXPENSES OR COLLECTIONS ATTRIBUTED TO IHSS.

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QUARTERLY REPORTING OF ACTUAL COSTS  
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NOTE: THIS INFORMATION IS REPORTED NO LATER THAN FORTY DAYS  
FOLLOWING THE END OF THE QUARTER.

THE CUMULATIVE QUARTERLY TOTALS WILL BE DISPLAYED DURING THE QUARTER.  
MONTHLY ESTIMATES OF HOMEMAKER (HM) EXPENDITURES WILL BE UPDATED AUTO-  
MATICALLY BY THE INFORMATION SUBMITTED QUARTERLY. EXPENDITURES WILL BE  
PRORATED TO THE MONTHS IN THE QUARTER ACCORDING TO THE PROPORTION OF  
IHSS SERVICE HOURS REPORTED FOR EACH MONTH. FOR THOSE COUNTIES REPORTING  
EXPENDITURES BUT NOT REPORTING HOMEMAKER SERVICE HOURS, THE EXPENDITURES  
WILL BE PRORATED TO THE MONTHS IN THE QUARTER ACCORDING TO THE PROPOR-  
TION OF IP MODE AUTHORIZED CASES FOR EACH MONTH IN THE QUARTER.

FIELD M1 - QUARTER - REQUIRED

LENGTH: 2

DESCRIPTION: QUARTER - INDICATE THE FISCAL YEAR QUARTER FOR WHICH DATA  
IS BEING ENTERED.

FIELD M2 - FY - SYSTEM GENERATED

DESCRIPTION: FY - FISCAL YEAR

FIELD M3 - DATE - SYSTEM GENERATED

LENGTH: 6

DESCRIPTION: DATE - THE MONTH, DAY AND YEAR THAT THE DATA IS BEING  
ENTERED ONTO THE SCREEN.

FIELD N1 - CONTRACT COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: CONTRACT COSTS - TOTAL CONTRACT COSTS AS REPORTED ON THE  
COUNTY ADMINISTRATIVE EXPENSE CLAIM,  
(COLUMN AQ, LINE 1, OF THE DFA 327.4A).  
THE SYSTEM WILL DISPLAY A CUMULATIVE  
TOTAL OF EXPENDITURES FOR THE CURRENT  
QUARTER.

## FIELD N2 - HOMEMAKER/SUPERVISOR CASEWORK COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: CASEWORK COSTS - THE TOTAL CASEWORK COST, AS REPORTED ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM, (LINE 1, COLUMN I, DFA 327.1A) THE SYSTEM WILL DISPLAY A CUMULATIVE TOTAL OF EXPENDITURES FOR THE CURRENT QUARTER.

## FIELD N3 - OTHER COSTS - STAFF DEV - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS - STAFF DEV - THE TOTAL COSTS OF STAFF DEVELOPMENT ATTRIBUTED TO IHSS AS REPORTED ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM (LINE 1, COL AN, DFA 327.3A). THE SYSTEM WILL DISPLAY A CUMULATIVE TOTAL OF EXPENDITURES FOR THE CURRENT QUARTER.

## FIELD N4 - GRAND TOTAL - SYSTEM GENERATED

LENGTH: 10

DESCRIPTION: GRAND TOTAL - THE SUM OF (N1 AND P1 AND Q2) CONTRACT AND HOMEMAKER/SUPERVISOR AND OTHER COSTS. THE SYSTEM WILL DISPLAY A CUMULATIVE GRAND TOTAL OF EXPENDITURES FOR THE CURRENT QUARTER.

## FIELD O1 - HOMEMAKER/SUPERVISOR OVERHEAD - OPTIONAL

LENGTH: 9

DESCRIPTION: HOMEMAKER/SUPERVISOR OVERHEAD - THE TOTAL OVERHEAD COSTS, AS REPORTED ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM, (LINE 1, COLUMN K, DFA 327.1A)

## FIELD O2 - OTHER COSTS EDP - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS EDP - THE TOTAL COSTS OF EDP ATTRIBUTED TO THE IHSS AS REPORTED ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM, (LINE 1, COL AE, DFA 327.2A) THE SYSTEM WILL DISPLAY A CUMULATIVE TOTAL FOR THE CURRENT QUARTER

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FIELD P1 - HOMEMAKER/SUPERVISOR SUBTOTAL - OPTIONAL

LENGTH: 9

DESCRIPTION: HOMEMAKER/SUPERVISOR SUBTOTAL - THE SUM OF CASEWORK OVER-  
HEAD AND CASEWORK COSTS.  
THE SYSTEM WILL DISPLAY A  
CUMULATIVE TOTAL FOR THE  
CURRENT QUARTER.

FIELD P2 - OTHER COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS - TOTAL OF OTHER EXPENSES CLAIMED OR COLLECTED  
AND REPORTED ON THE COUNTY ADMINISTRATIVE  
EXPENSE CLAIM. (LINE 1, COLUMNS AO AND AP,  
OF THE DFA 327.4A)  
THE SYSTEM WILL DISPLAY A CUMULATIVE TOTAL  
OF EXPENDITURES FOR THE CURRENT QUARTER.

FIELD Q1 - HOMEMAKER/SUPERVISOR, TIME/STUDY HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: THE SUM OF THE WELFARE STAFF PROVIDER HOURS PAID AND FIRST  
LINE SUPERVISOR HOURS PAID AS REPORTED ON THE COUNTY  
ADMINISTRATIVE EXPENSE CLAIM. (LINE 1, COLUMN E, DFA 327.1A)

FIELD Q2 - OTHER COSTS, SUBTOTAL - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS, SUBTOTAL - THE SUM OF STAFF DEVELOPMENT, EDP  
AND OTHER EXPENSES. THE SYSTEM  
WILL DISPLAY THE CUMULATIVE TOTAL  
FOR THE CURRENT MONTH.

FIELD R1 - PREPARED BY

FIELD R2 - DATE PREPARED

FIELD R3 - REMARKS

FIELD S1 - ENTERED BY

FIELD S2 - DATE ENTERED

FIELD S3 - REMARKS

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B. CORRECTED SOC 374

"CORRECTED COPY"

WHEN IT HAS BEEN DETERMINED THAT A "CORRECTED COPY" OF THE SOC 374  
NEEDS TO BE ENTERED INTO THE SYSTEM FOR A PERIOD OF TIME PRIOR TO  
THE CURRENT QUARTER, THE COUNTY WILL MAIL THE COMPLETED SOC 374  
TO:

STATE DEPARTMENT OF SOCIAL SERVICES

IHSS/CMIPS

744 P STREET, M/S 6-536

SACRAMENTO, CA 95814

CLEARLY SHOW "CORRECTED COPY" ON TOP OF THE FORM. THE DOCUMENTS  
WILL BE ENTERED INTO THE SYSYEM, SIGNED, DATED AND RETURNED TO THE  
ORIGINATOR.

4. BATCHING PROCEDURES

A. BATCHING COUNTY SUMMARY INPUT DOCUMENT - SOC 374

THE TERM "BATCH" MEANS TO SEPARATE AND ORGANIZE FORMS IN A WAY WHICH HELPS THE CRT TERMINAL OPERATOR IN ENTERING THE DATA.

- BATCHING "SOC 374'S"

THE FOLLOWING PAGE IS A COPY OF AN "IN-HOME SUPPORTIVE SERVICES- BATCH COVER SHEET", SOC 317. USE THIS FORM AS FOLLOWS:

1. A MAXIMUM OF 5 "COUNTY SUMMARY INPUT DOCUMENTS" CAN BE SENT UNDER ONE BATCH COVER SHEET. IF MORE THAN 5 FORMS ARE BEING SENT, USE ANOTHER COVER FOR EACH SET OF 5 OR LESS.
2. FILL IN THE NECESSARY INFORMATION ON THE BATCH COVER, CHECKING THE BOX LABELED "ELIGIBILITY UPDATE FORMS". FOR THE BOX CALLED "BATCH SEQ #1" THE FIRST 5 FORMS WOULD BE LABELED AS BATCH SEQ #1, THE SECOND 5 WOULD BE BATCH SEQ #2 AND SO ON.

B. SENDING THE DOCUMENTS

COUNTY OFFICES THAT DO NOT HAVE THEIR OWN CRT TERMINALS MUST SEND ALL DOCUMENTS TO EDSF OFFICE TO BE ENTERED. ALTHOUGH ALL OFFICES MUST BATCH THE FORMS, ONLY THE NON-CRT ARE REQUIRED TO DO THE FOLLOWING:

- THE "IHSS DOCUMENT TRANSMITTAL" SOC 316 MUST BE USED WHEN SENDING DOCUMENTS TO EDSF. STUDY THIS SAMPLE TO HELP YOU UNDERSTAND HOW TO FILL IT OUT COMPLETELY.

NOTE: THERE ARE THREE COPIES OF THE SOC 316 TO PROTECT ALL PARTIES COPY #1 IS KEPT BY THE COUNTY FOR ITS RECORDS, AND COPIES #2 AND #3 SHOULD BE SENT WITH THE DOCUMENTS TO EDS.

- AFTER THE DATA ON THE FORMS HAS BEEN ENTERED INTO THE CRT TERMINAL, THE DOCUMENTS AND ONE COPY OF THE "DOCUMENT TRANSMITTAL" FORM WILL BE RETURNED TO THE COUNTY OFFICE TO BE FILED WITH THE ORIGINAL FORM.

C. VERIFYING CORRECT ENTRY OF DOCUMENTS:

AFTER THE IHSS CMIPS COUNTY SUMMARY INPUT DOCUMENT (SOC 374) HAS BEEN ENTERED INTO CMIPS, EACH COUNTY MUST VERIFY THAT THE INPUT DOCUMENT WAS ENTERED CORRECTLY. TO DO THIS, A MANAGEMENT STATISTICS SUMMARY REPORT WILL BE SENT TO EACH COUNTY AFTER THE END OF THE REPORT MONTH. THIS REPORT SHOULD BE COMPARED TO THE DATA SUBMITTED TO E. D. S. FOR ENTRY. IF THERE IS A DISCREPANCY, PLEASE NOTIFY E. D. S. AS SOON AS POSSIBLE.